



# 2019 Dementia Strategy and Action Plan

Submission to the Department of Health

## About the New Brunswick Women's Council

The New Brunswick Women's Council is an independent advisory body for study and consultation on matters of importance, interest, and concern to women and their substantive equality. Its objectives are:

- a) to be an independent body that provides advice to the Minister on matters of importance to women and their substantive equality;
- b) to bring to the attention of government and the public issues of interest and concern to women and their substantive equality;
- c) to include and engage women of diverse identities, experiences and communities, women's groups and society in general;
- d) to be strategic and provide advice on emerging and future issues; and
- e) to represent New Brunswick women.

In delivering on these objectives, the council may conduct or commission research and publish reports, studies and recommendations.

The work of the council is directed by an appointed volunteer membership that includes both organizations and individual women. The work is managed and executed by a small staff team.

## Dementia and women

Dementia impacts the lives of New Brunswick women in two key ways. Firstly, dementia is more prevalent among women than men and, secondly, women are more likely to be the caregivers of persons with dementia.

In New Brunswick, the prevalence rate of dementia among women over the age of 65 is 6.3%, compared to 5% among men<sup>1</sup>– and due to women's longer life expectancy, there are also more women than men in that age demographic. This leads to an even larger difference in the total number of women living with dementia compared to men. In 2015, there were 1 080 women and 720 men in New Brunswick who were 65 or older living with dementia.<sup>2</sup>

On caregiving, 30% per cent of New Brunswick women spend 10 or more hours per week caring for a friend or family member with a long-term illness, disability or aging needs versus 23% of men.<sup>3</sup> When it comes to paid caregiving labour, in 2018, there were 5 times more New Brunswick women working in caregiving professions than there were men.<sup>4</sup>

The council's public engagement initiative, Resonate, also supports that access to and provision of care is a priority issue area for women. Between fall 2017 and winter 2018, more than 1 300 women in New Brunswick participated in Resonate and this issue emerged from

<sup>1</sup> Canadian Chronic Disease Surveillance System 2017 *Dementia, including Alzheimer's disease, age-standardized prevalence rate, percent, age 65 years and older, New Brunswick*

<sup>2</sup> <https://infobase.phac-aspc.gc.ca/ccdss-scsmc/data-tool/>

<sup>3</sup> Statistics Canada. Table 44-10-0009-01 *Time spent providing care to a family member or friend with a long-term illness, disability or aging needs by sex and household income of respondent*

<sup>4</sup> Statistics Canada. Table 14-10-0297-01 *Labour force characteristics by occupation, annual, inactive (x 1,000)*

their feedback as one of five priority areas affecting their daily lives and needing to be addressed to improve things for women as a group in the province.

Many noted that this priority area also intersected with other priority areas, including economic security and employment as well as health. Women expressed concern they would need to drop out of the work force to care for an aging parent; women shared they are burning out from balancing their paid work with family responsibilities and they cannot access mental health or primary health care services to help them recover. Many noted that low wages for care work left them economically insecure while others worried about the low wages of those providing care for their family members – care that allowed them to participate in the workforce themselves. The full findings of Resonate are available at [resonatenbresonances.ca](https://resonatenbresonances.ca).

## Recommendations

A dementia strategy and action plan must focus on meeting the needs of individuals living with dementia; this, in turn, also requires ensuring that caregivers for these individuals are safe and supported in their labour, whether they offer it in an unpaid capacity as a family member or as a homecare worker or as a staff member in a nursing home. Within this context, we offer our recommendations.

### 1. Pay equity legislation for the private sector.

While home support workers employed by home support agencies that are contracted by the Department of Social Development receive pay equity adjustments, the council (along with the Coalition for Pay Equity) has concerns that the methodology used to determine the adjustments is flawed, resulting in wages that are too low. A pay equity exercise was also done for nursing home workers in relation to their 2010 contract; it is unclear what methodology was used and whether resulting pay equity adjustments were maintained.

Legislating pay equity in the private sector would provide an opportunity to address the methodological challenges and would also ensure equity for those home care workers not employed via contracts with Social Development. This would help address staffing shortages in nursing homes and home support agencies,<sup>5</sup> which can be linked to low rates of pay.

### 2. Integrate gender budgeting and gender-based analysis (GBA) into government's budget and policy processes.

These processes and tools help ensure that programs and services will achieve their intended outcomes and will not inadvertently have differential impacts on groups based on gender, race, language, location, etc. They help ensure that any challenges to equitable impact can be mitigated. This is important in the context of dementia care as a recent report by the Canadian Institute for Health Research highlights the inequities in risk and care that individuals with dementia face. The report found that seniors with dementia wait longer in emergency departments, are more likely to be admitted, and more prone to harm while in hospitals; that rates of injuries from falls are higher for seniors who have dementia and who live in lower-income neighbourhoods; and that seniors with a dementia diagnosis are less likely to receive end-of-life care.<sup>6</sup> Gender budgeting and GBA would support the Department of Health in making a case for the need to meet the needs of individuals with dementia, as well as help identify the highest-needs clients amongst those with dementia.

While we are providing these recommendations to the Department of Health, this is a whole-of-government recommendation in keeping with advice we have previously provided to government. We also advise that government make the results of its gender budgeting and GBA public.

<sup>5</sup> <https://www.cbc.ca/news/canada/new-brunswick/nursing-home-shortages-strike-vote-nb-1.5055381>

<sup>6</sup> <https://www.cihi.ca/en/dementia-in-canada/dementia-in-canada-summary>

### **3. Increase institutional resources for individuals with dementia and those who care for them professionally.**

Increase the number of beds in long term care for people with dementia to ensure they receive appropriate care – and on a quicker timeline. The New Brunswick Health Council’s latest Health System Report Card notes an average wait of 74 days for placement in a long-term care home after an average of 75 days to complete long term care generic assessment for a total of 149 wait days.<sup>7</sup> Residents with dementia have higher acuity and specific care needs, differing from other nursing home residents. The availability of beds at the required higher levels of care will ensure the needs of people with dementia are being met once they are placed in long term care. The addition of these beds will also reduce pressure on hospitals and informal caregivers.

In addition to creating more beds, improvements to staffing standards and increased minimum hours of care in nursing homes are also required. A 2010 pilot project<sup>8</sup> in New Brunswick nursing homes found that these higher hours of care lead to improvements in resident outcomes through reductions in the use of mechanical restraints, less rush during meals and hygiene, and more time for staff training (including falls reduction measures).

### **4. Improve access to homecare.**

In a recent report on unmet homecare needs (that included both medical and non-medical personal care and was not focused solely on seniors with dementia), the New Brunswick Health Council identified that women were more likely than men to report having unmet home care needs (46% vs. 38%) and that unmet needs relating to non-medical personal care were identified in much larger numbers than unmet needs relating to medical home care.<sup>9</sup>

Improving access to homecare will also require improvements to the working conditions of homecare workers, including reimbursement for work related travel and more predictable scheduling of hours.

### **5. Provide concrete support to unpaid caregivers.**

CIHI data shows that unpaid caregivers of seniors with dementia spend an average of 26 hours a week caring for their loved ones, compared with 17 hours for caregivers of other seniors. Almost twice as many caregivers of seniors with dementia exhibit symptoms of distress, such as anger, depression or feeling unable to continue (45% versus 26%)<sup>10</sup> compared to those caring for other seniors.

Concrete supports for unpaid caregivers could involve investing in respite services and other support programs for unpaid caregivers as well as financial support for travel costs, home modifications or other financial burdens for caregivers.

---

<sup>7</sup> <https://www.nbhc.ca/health-system-report-card>

<sup>8</sup> <https://www2.gnb.ca/content/dam/gnb/Departments/sd-ds/pdf/NursingHomes/NursingHomesSummaryReport.pdf>

<sup>9</sup> <https://www.nbhc.ca/press-release/latest-home-care-survey-results-highlight-quality-issues-new-brunswickers#.XLSWGYIKiUk>

<sup>10</sup> Home Care Reporting System, 2015–2016, Canadian Institute for Health Information.